

Unusual clinical presentation of allergic contact dermatitis

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Introduction: In general, allergic contact dermatitis appears as an eczematous skin reaction, but clinical signs may be modified by additional local triggers.

Methods: Here, we present two patients who for treatment of a minimal trauma on the hands, applied antiphlogistic and analgetic creams. Subsequently, they developed blisters, erosions and ulcers in the treated area. Because of clinical presentations, we suspected a bacterial infection and initiated a systemic therapy with antibiotics. However, the skin lesions did not improve. In addition, one patients developed a generalized pruritic papular rash after two weeks. Among various differential diagnoses, we considered a contact allergy. Patch tests revealed type IV –sensitizations to lidocain in both patients. According to the list of contents, lidocain was a constituent of the wound creams applied. Thus, the diagnosis of allergic contact dermatitis was made.

Conclusion: In cases of prolonged wound healing, concomitant contact allergy to topically applied therapeutics including over-the-counter drugs, should be considered. A detailed patient history as well as patch tests may provide main clues for the correct diagnosis.

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Bed bugs in Geneva: role of dermatologists

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Introduction: Bed bugs, *Cimex lectularius*, are blood-sucking human parasites that are found worldwide. Bed bug infestations have been more often observed in homes, apartments, hotel rooms, hospitals in developed countries. Their increase may be due to international travel, immigration, and insecticide resistance.

Since 2012, it became a recurrent reason for consultation in our polyclinic.

Objective: To evaluate the importance of bed bugs in Geneva University hospitals.

Method: Case definition is based on the following classification:

-possible: when the patient presents clinical signs of bed bugs bites without any risk factors or evidence of contact with arthropods.

-probable: when clinical signs and risk factors are present, but the patient hasn't seen the insect.

-certain: when a symptomatic patient brings us the bed bugs found in his house.

Data was prospectively collected in two different

departments: public health nurses at the dermatology department and hygiene and cleaning department.

Results: We collected 26 certain cases, 32 probable cases and 3 possible cases in our department of dermatology between January 2012 and April 2013. Moreover, approximately 8 certain cases in emergency room, and 2 in hospitalized patients were registered by the hygiene and cleaning department. **Conclusion:** Cases of bed bugs bites are regularly observed in Geneva canton since 2012, but without a dramatic increase. However, it may become a public health care problem as diagnosis may be delayed and eradication is difficult. An adequate support to get rid of these bed bugs is necessary. A public health program is ongoing in canton of Geneva. The help of all dermatologists is required.

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Leishmaniasis caused by L. Major

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Introduction: Cutaneous leishmaniasis due to *Leishmania major* is transmitted by the sand fly *Phlebotomus papatasi*. The incubation period can change from 3 weeks to 3 months. We report a case of a patient treated with 400 mg per day of fluconazole during 6 weeks with complete regression of lesions. **Case Report:** A 42 year old patient, in good health, was referred to our clinic for numerous crusty nodular lesions on arms, legs and face after coming back from south western Turkmenistan. A skin smear revealed intracellular *Leishmania* bodies, and polymerase chain reaction identified *Leishmania major*. A treatment with fluconazole 200 mg per day was first introduced. Because of clinical worsening, we increased the dosage to 400 mg per day. We also applied 5% imiquimod cream on the lesion on the face, and cryotherapy on some of the largest lesions of the body. All the lesions disappeared after 6 weeks of treatment, leaving hyperpigmented scars of various sizes.

Discussion: There are many treatment approaches for cutaneous leishmaniasis due to *L. major*, a self-healing condition, but few have solid evidence of efficacy. Intramuscular or intravenous pentavalent antimonials are the standard treatment for leishmaniasis but the risk of adverse events is high, in particular liver, cardiac, renal and pancreatic toxicity. Fluconazole 200 mg/day is described as a safe and effective treatment for leishmaniasis caused by *L. major*. An Iranian study showed better results with fluconazole 400 mg /day than with 200 mg /day: 81 % complete healing in 60 patients treated with 400 mg /day versus 48.3% in 58 patients with 200 mg /day after 6 weeks of treatment. Described side effects were cheilitis and nausea. In the literature, 5% imiquimod cream associated with other treatments also appears to be effective. It causes an immune response by activation of Langerhans cells, which migrate to draining lymph nodes, and indi-